

## MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 29, 1997 in Room 423-S of the State Capitol.

All members were present except: Representative Clark Shultz

Committee staff present: Emalene Correll, Legislative Research Department  
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:

Rochelle Chronister, Secretary, Kansas Department of Social and Rehabilitation Services  
Teresa Markowitz, SRS Commissioner, Children and Family Services  
Ann Koci, SRS Commissioner, Adult and Medical Services

Others attending: See Guest List (Exhibit 1)

Chairperson Mayans introduced SRS Secretary Rochelle Chronister, who briefed the committee on the progress of welfare reform in Kansas, outlining various new approaches to partnership, flexibility in program design, financing, and increased accountability standards to effect the reform (see "Implementation of Welfare Reform, Exhibit 2"). She then introduced Teresa Markowitz, SRS Commissioner of Children and Family Services, who spoke about the privatization initiatives already undertaken to revamp delivery of services to children and their families (see "Family Preservation Outcomes Report," Exhibit 3, and "Kansas Works: The Blueprint for Welfare Reform," Exhibit 4). Secretary Chronister then introduced Ann Koci, SRS Commissioner of Adult and Medical Services, who noted the 21 newly completed contracts awarded to administer the child support program in most of the state; and the expectations that by combining state, county and private resources into a single program, that SRS will meet these challenges in the remaining parts of the state. Secretary Chronister stated that the Reform plan is being installed in phases: Phase I will be in effect March 1; Phase II, July 1; and Phase III is in disc phase.

Representative Morrison commended Secretary Chronister and her staff on the work they have done in welfare reform. Members asked questions that were discussed about the "Prime Care Kansas" program, SRS's program to track parents responsible for child support payments and insuring that payments are collected, the effectiveness of Peer Educational Review Councils in working with local clients, and others on general administration of programs. Emalene Correll asked about the outcomes measurement program for tracking the successes and failures of clients in KanWork and ascertaining the true report for the years to come in the program; and the response was that the program will need further changes in order to truly complete the outcomes report.

The meeting was adjourned at 3:02 p.m.

The next meeting is scheduled for Jnauary 30, 1997.

HOUSE COMMITTEE ON HEALTH  
AND HUMAN SERVICES COMMITTEE  
GUEST LIST  
JANUARY 29, 1997

NAME	REPRESENTING
Dave Ranny	Wichita Eagle
Doug Bowman	CCECDs
Daniel Hayler	KS Dental Ass'n
<del>Richard ...</del>	Dentist
Callie Jill Denton	Kathy Peterson's Assoc.
Bob Harder	Mid. Prof. Series
Michael Byington	Wichita Industries + Service for the Blind
Jana Snyder	KS NOW
Harlene Finney	KDOA
Dick Sipple	KDOA
Mike Huttler	SRS
Ed Rowe	League of Women Voters/KS
Matt Goddard	Heartland Community Bankers
DAN CROW	KANSAS PHARMACISTS ASSOC.
Ann Koci	SRS
Larrie Ann Brown	Kans. Hosp. + SSOC.
RICHARD WATSON	NOA
Gary Sund	Kansas Action for Children
John ...	KS Adv Comm Hispanic Affairs

HOUSE COMMITTEE ON HEALTH  
AND HUMAN SERVICES COMMITTEE  
GUEST LIST  
JANUARY 29, 1997

NAME	REPRESENTING
Kay Calvert	League of Women Voters of Ks
Shannon Jones	SILCK
Josie Torres	Families Together, Inc.
Harold Pitte	KCOA
Rockelle Chonita	SRS
Conie Huesel	SRS
Jessa Johnson	TILRC
Jenny Pitman	Ks FMC
Marilyn Huggins	AG
Michelle Peterson	Peterson Public Affairs
Tera Rubowitz	SRS
John Redger	SK3
Charley Young	Via Christi Health System
Sharon Duffman	KCDC
Mike Meacham	CK
Robin Lukman	Ks Action for Children
Susan M. Baker	Hein + Weir
Marty Post	Ks Health Care Assn

# KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Rochelle Chronister, Secretary

House Committee on Health and Human Services  
Testimony on Implementation of Welfare Reform  
January 29, 1997

## *SRS MISSION STATEMENT*

*To provide services to Kansans in need that contribute to their safety and promote dignity, independence and responsibility.*

Mr. Chairman and members of the Committee, thank you for allowing me the opportunity to provide you with information on the status of welfare reform implementation in Kansas. Welfare reform in Kansas is currently being guided by two pieces of legislation. One is the federal welfare reform law, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), enacted August 22, 1996. Kansas qualified as an eligible state as of October 1, 1996, for the purpose of receiving block grant funding under the Temporary Assistance for Needy Families (TANF) Program authorized by the Act. The other legislation guiding welfare reform in Kansas is H.B. 2929 which was passed by the state legislature in 1994 to authorize the Department of Social and Rehabilitation Services to seek federal waivers of certain AFDC, Medicaid, and Food Stamp regulations.

Social and Rehabilitation Services staff have worked diligently since PRWORA was passed in August to understand the many subtleties and details of the Act. They moved quickly to submit our Kansas state plan in order to take advantage of enhanced federal block grant funding, and the state plan was approved effective October 1, 1996. With the approval of the state plan, the five year time limit for adult recipients became effective October 1, 1996, as did the expectation that all able-bodied adults would be working or in a work activity within no more than 24 months.

KansasWorks, a welfare reform initiative which focuses on moving public assistance recipients quickly into employment, has been implemented. Able-bodied recipients of cash assistance are now required to look for work as a condition of eligibility for assistance. Employment is now the first expectation of those in KansasWorks. Education and training plans are only supported when job search and work experience placements are not successful, and then only short-term job specific training is allowed.

The changes to the Child Support Enforcement Program mandated by PRWORA are massive. Staff have identified 52 regulation or statute changes which will be necessary to implement the mandates. They have prepared a packet of legislation which will be introduced this session to address this.

Income Maintenance/Employment Preparation Services staff have developed a phase-in implementation plan to accommodate welfare reform changes. Phase 1 will be implemented in March 1997 and includes changes mandated by PRWORA, such as eliminating work participation exemptions for parents with children aged 1-3, placing restrictions on assistance to

HOUSE HEALTH/HUMAN SERVICES

Attachment 2-1  
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some legal immigrants, requiring school attendance for teen parents, and limiting food stamp eligibility for single adults to 3 months in a 36 month period unless working. Phase 2 will be implemented in July 1997 and includes providing a greater income disregard to encourage welfare recipients to work and requiring food stamp recipients to cooperate with Child Support Enforcement. Phase 2 changes were delayed until July due to the extensive changes required to the automated eligibility system. Phase 3 welfare reform changes to the cash, food stamp, and employment programs are still under development. Some initiatives being considered under Phase 3 include:

- ◆ Pay After Performance. Under this system the cash grant assistance recipients receive is based on the number of hours they participate in work or a work program. This is being piloted in a few other states and shows promise for reducing caseloads. A major overhaul of the automated eligibility system will be required to implement this.
- ◆ Diversion. This program is aimed at applicants who have had a recent attachment to the workforce and need only minimal help in order to return to work. Applicants who met this criteria can receive up to 3 months worth of cash assistance up front in order to resolve their crisis and return to work. This gets people back to work without their becoming accustomed to the welfare system..
- ◆ Work Supplementation. Also called "grant diversion", this program uses cash assistance funds to develop and subsidize jobs for cash assistance recipients as an alternative to aid. This, too, requires major changes in the automated eligibility system.

Due to the amount of research which must be concluded before recommendations on the Phase 3 programs can be made and the major systems re-programming which must be accomplished for such programs, no date has yet been established for Phase 3 implementation.

As a result of PRWORA, the federal department of Health and Human Services has much less control over public welfare activities in the states than previously. However, HHS will be active in defining and refining some of the new provisions in the Act. Such definitions will occur over time and will not be available in the early stages of implementation. As these definitions are made and promulgated by HHS, some of our early estimates and decisions will require adjustment. Welfare reform is a process. We learn new aspects of the Act every day. We consider the state plan we have submitted to the federal government to be a working document. The legislation allows us to amend the plan when we at the state level believe it is necessary to do so. States have a great deal of freedom to design and adjust programs in ways that best respond to people and issues in Kansas. We expect to have more changes and advances to report to you in the future.

The federal welfare reform legislation offers the state the opportunity to design work programs and a cash assistance program to meet the needs of Kansans. We look forward to working with you to meet this challenge.

**SRS Children and Family Services  
Family Preservation Outcomes Report  
1 July - 31 December 1996  
Executive Summary**

This report presents the outcomes achieved in the first six months of the Family Preservation program--1 July through 31 December 1996. During this early implementation period, 723 families were referred for services to private contractors, of which 702 families engaged in the services provided. This report presents data on five (5) of the nine (9) Family Preservation outcome measures. Of the remaining four measures, three are post-program measures for which data will be available and reported beginning in February 1997.

Statewide, performance standards on three of the five outcomes were met or exceeded during this report period. On a regional basis, each region met or exceeded the performance standards established for child safety, children not requiring out-of-home placement, and client satisfaction. The following summarizes statewide performance for each outcome:

- Engagement Rate: Three of five regions met or exceeded the 97% target figure.
- Child Abuse and Neglect: The child safety standard is being met statewide and by each region.
- Child Removed from the Home: Each region exceeded the target for this outcome. Of the 702 families participating in the program, only 69 have had children removed.
- Juvenile Offenders with Additional Adjudication: Three of the five regions exceeded the performance standard. Twenty-one of seventy-four juvenile offenders have been readjudicated for an additional offense.
- Client Satisfaction: Each region exceeded the performance standard of 80% as did the state as a whole with a satisfaction rate of 90%.

Outcome Measure	Standard	Statewide Performance
Engagement Rate	97%	97%
Child Safety During Participation	90%	98%
No Placement During Participation	80%	90%
Juvenile Offenders Non-Recidivism During Participation	70%	72%
Client Satisfaction Rate	80%	90%

SRS Children and Family Services  
Family Preservation Outcomes Report  
1 July - 31 December 1996

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**Outcome Goal:**

Contractor shall accept all referrals.

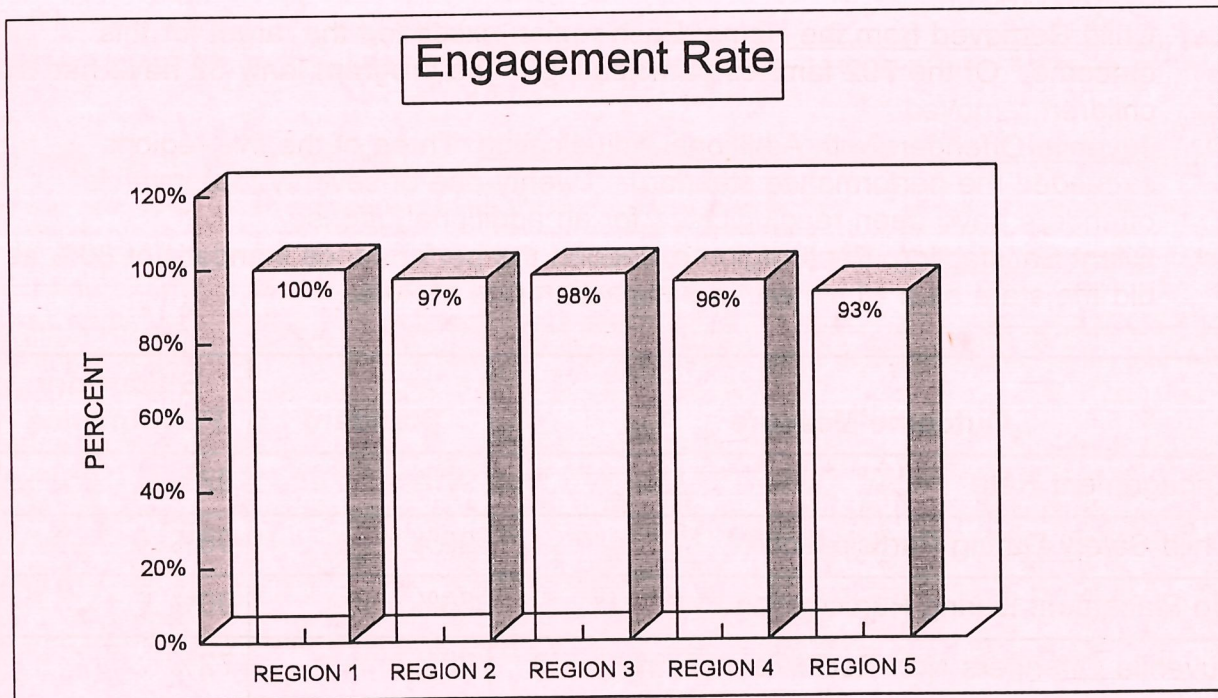
**Performance Indicator:**

97% of all families referred shall be engaged in the treatment process.

**Operational definition:** The total number of families engaged divided by the total number of families referred, as each is reported on the monthly aggregate report form. Engaged families are those who have not withdrawn from the program and have not been dropped from the program by the contractor.

**Analysis:**

During the report period, 702 of the 723 families referred to Family Preservation contractors engaged in the treatment process, resulting in a statewide engagement rate of 97%. Three of the five regions met or exceeded the performance target. Regional performance for this outcome is indicated by the graph below:



**Note:** Region 1: Southeast Kansas, Kaw Valley Center  
Region 2: Kansas City Area, Wyandot County Mental Health Center  
Region 3: North Central Kansas, Kansas Children's Service League  
Region 4: Western Kansas, St. Francis Academy  
Region 5: Sedgwick County Area, DCCCA

**Goal:**

Children will be safe from abuse and/or neglect.

**Performance Indicator:**

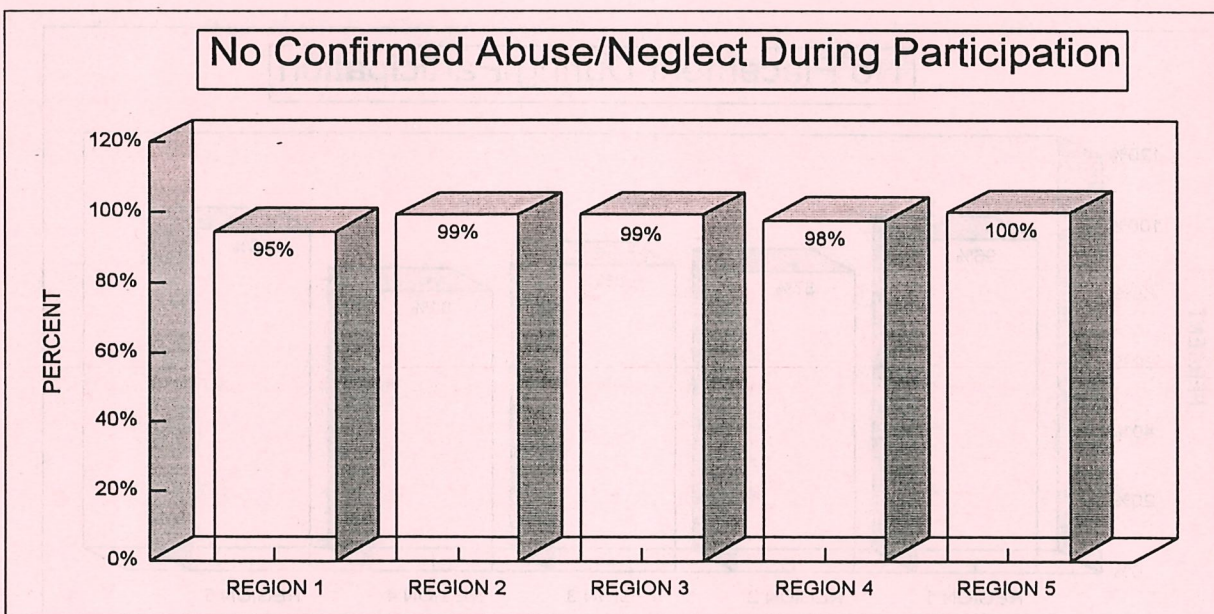
90% of families will not have a confirmed abuse or neglect report during program participation.

**Operational definition:**

The total number of families engaged (both open and closed cases) in the treatment process that did not have a confirmed case of abuse or neglect during program participation divided by the total number of families engaged.

**Analysis:**

There were two (2) families with confirmed abuse or neglect reports during December. One of these cases occurred in Region One, and the other case occurred in Region Four. The statewide rate on this performance measure is 98%, well above the performance standard of 90%. To date, 14 cases of child abuse or neglect have been confirmed during program participation. Regional performance is as follows:



**Note:** Region 1: Southeast Kansas, Kaw Valley Center  
Region 2: Kansas City Area, Wyandot County Mental Health Center  
Region 3: North Central Kansas, Kansas Children's Service League  
Region 4: Western Kansas, St. Francis Academy  
Region 5: Sedgwick County Area, DCCCA



**Outcome Goal:**

Children will not require out-of-home placement.

**Performance Indicator:**

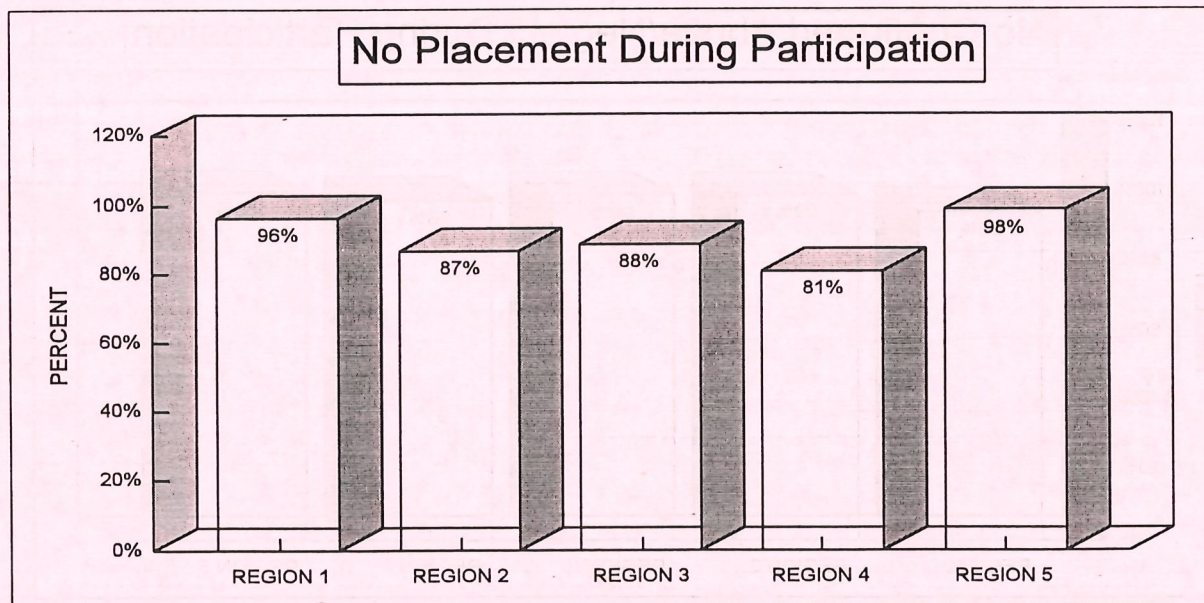
80% of families will not have a child placed outside the home during program participation.

**Operational definition:**

The total number of families engaged (both open and closed cases) in the treatment process that did not require out-of-home placement during participation in the program divided by the total number of families engaged in treatment.

**Analysis:**

During the first six months, 90% of the families served have remained intact. Of the 702 families participating in the program, 69 have had children removed from the home. Each region has exceeded the 80% performance standard for this outcome. The fact that the number of children removed from the home far exceeds the number of confirmations of abuse or neglect may indicate a willingness among contractors to petition for removal prior to abuse or neglect occurring. Regional performance on this performance measure is as follows:



**Note:** Region 1: Southeast Kansas, Kaw Valley Center  
Region 2: Kansas City Area, Wyandot County Mental Health Center  
Region 3: North Central Kansas, Kansas Children's Service League  
Region 4: Western Kansas, St. Francis Academy  
Region 5: Sedgwick County Area, DCCCA

**Goal:**

Adjudicated juvenile offenders will not re-offend.

**Performance Indicator:**

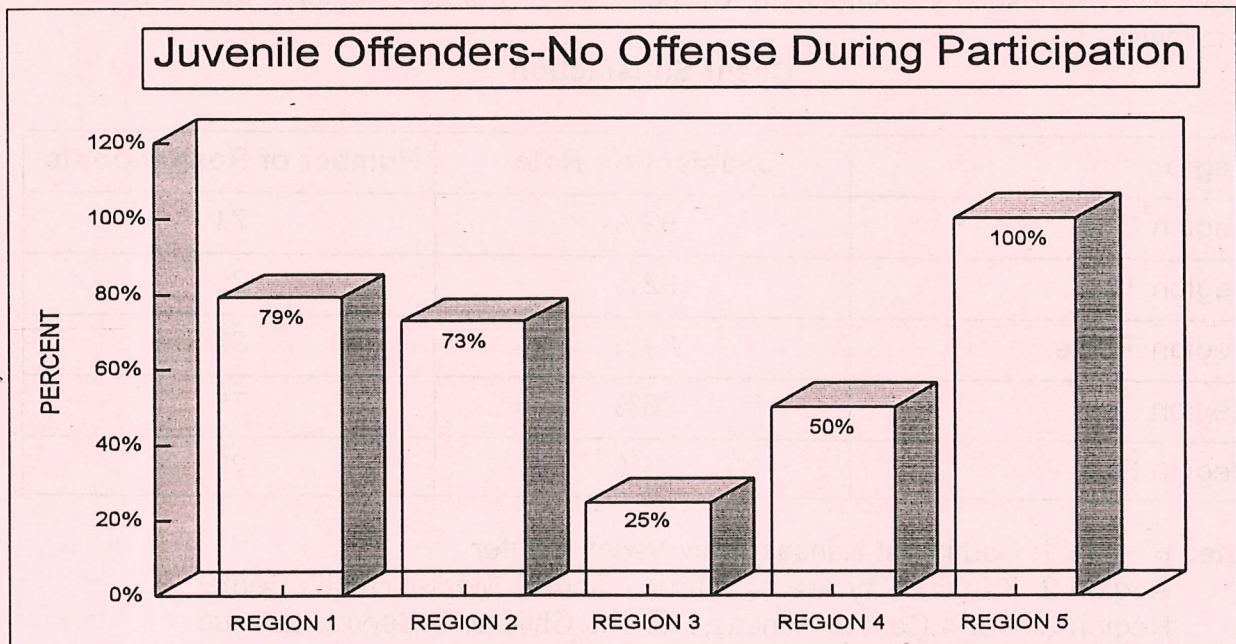
70% of adjudicated juvenile offenders participating in the program will not be adjudicated for an additional offense during participation.

**Operational definition:**

The total number of adjudicated juvenile offenders (stated as the presenting problem), both in open and closed cases, not adjudicated for an additional offense occurring during program participation divided by the total number of adjudicated juvenile offenders (stated as the presenting problem) participating in the program.

**Analysis:**

In the first six months, there have been 74 adjudicated juvenile offenders in families participating in the Family Preservation program. Twenty-one of these youths have been adjudicated for an additional offense which occurred during program participation, resulting in a success rate of 72%. Although Regions Three and Four are not meeting the performance standard, this is a statistical artifact due to the very small number of cases involved and is not seen as a substantive problem at this time. Regional performance for this outcome is as follows:



**Note:** Region 1: Southeast Kansas, Kaw Valley Center  
Region 2: Kansas City Area, Wyandot County Mental Health Center  
Region 3: North Central Kansas, Kansas Children's Service League  
Region 4: Western Kansas, St. Francis Academy  
Region 5: Sedgwick County Area, DCCCA

**SRS Children and Family Services  
Family Preservation Outcomes Report  
1 July - 31 December 1996**

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**Outcome Goal:**

Family members will be satisfied with the services provided.

**Performance Indicator:**

Participants (parents and youth ages 14-21) living in the home will report 80% satisfaction as measured by the *Client Satisfaction with SRS Services Survey* 30 days from the start of the referral.

**Operational definition:**

The satisfaction rate is obtained by dividing the number satisfied (a score of 79 on the adult survey and 19 on the youth survey) divided by the total number of respondents. Each survey response is weighted: Strongly Agree = 4, Agree = 3, Disagree = 2, Strongly Disagree = 1.

**Analysis:**

Clients participating in the Family Preservation program report a 90% satisfaction rate. The adult survey response rate is satisfactory at approximately 30%, with regional response rates ranging from about 15% to about 50%. Each region is exceeding the 80% satisfaction rate established as the performance standard for this outcome. However, on the youth survey, a very low response rate and a tendency to mark each item the same continue to be problematic, and these problems positively skew the overall survey results by a few percentage points. Regional performance is as follows:

**Client Satisfaction**

<b>Region</b>	<b>Satisfaction Rate</b>	<b>Number of Respondents</b>
Region One	92%	71
Region Two	92%	29
Region Three	84%	38
Region Four	86%	78
Region Five	94%	29

**Note:** Region 1: Southeast Kansas, Kaw Valley Center  
Region 2: Kansas City Area, Wyandot County Mental Health Center  
Region 3: North Central Kansas, Kansas Children's Service League  
Region 4: Western Kansas, St. Francis Academy  
Region 5: Sedgwick County Area, DCCCA

**SRS Children and Family Services**  
***Adoption Privatization Initiative***  
**Status Report for**  
**1 October - 31 December 1996**

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The initiative to privatize adoption in Kansas began on 1 October 1996. By their nature, outcomes pertaining to adoption are long-term and, depending upon the outcome, data on many of the client outcomes for the adoption privatization initiative will not be available for 12 to 18 months following privatization. This report provides a "snapshot" of key process indicators during the first quarter under privatization, 1 October through 31 December 1996. Information pertaining to client outcomes will be reported as it becomes available.

On 1 October 1996, 730 children (transition cases) were referred from SRS to the adoption contractor. Since that date, an additional 162 children have been referred for adoption for a Year-to-Date total of 892 cases. In this initial period, 138 adoptions have been finalized. Of these 138 adoptions, 62 were by foster parents and 37 were by a relative of the adopted child. Since 1 October 1996, 12 children with one or more siblings have entered the adoption system and all 12 have been placed with one or more siblings. In the first three months, 11 cases of child abuse or neglect have been reported. To date, none of these cases has been confirmed. Of the 138 children whose adoptions have been finalized, 73 are girls and 65 are boys; 58% of the children are white and 42% non-white; and 57% are six years old or older.

These numbers are preliminary, representing only three months of effort under privatization, and may not indicate trends in any category. Nevertheless, it is encouraging that for those children for whom adoption was finalized, over 40% are non-white and over half are age six and older. Historically, both in Kansas and nationally, younger white children are adopted more quickly; and conversely, children who are members of a racial minority and those who are older tend to remain in the child welfare system longer before being adopted, if they are adopted at all.

**Adoption Key Indicators  
Preliminary Data**

Transition cases (referred on 10.1.96)	730
Cases referred since 10.1.96	162
No. of siblings	12
No. of siblings placed with sibling(s)	12
Cases finalized	138
<b>Demographics for Finalized Cases</b>	
females	73
males	65
white	80
non-white	58
under 1 year old	0
1-2 years	11
3-5 years	48
6-8 years	35
9-11 years	28
12-14 years	14
15+ years	2

# KansasWorks *The Blueprint for Welfare Reform*

Welfare reform is a work *already* in progress in Kansas. Kansas will continue to concentrate its efforts on moving people into jobs and providing basic job readiness skills and training. These efforts have resulted in caseload reductions and an increased number of individuals finding employment and independence from welfare. Most people use welfare as a short-term safety net between employments. Up-front employment services provided from the date of application reap significant dividends and divert many families from receiving assistance.

To move the Kansas welfare programs forward in the next century it is essential that resources are carefully expended on those programs and services that meet the needs of welfare recipients and help them achieve success. This is best achieved by developing customized services to address the employability status of individual recipients.

### *Three levels of employability*

The welfare population can generally be divided into.....

- ◆ Those who are immediately employable and could probably find jobs on their own and need only a modest amount of help to address an immediate crisis.
- ◆ Those who are nearly employable but need a few services to enhance their employability and job retention.
- ◆ Those who have a multiplicity of mental, physical, and personal life barriers that make it difficult for them to find and keep employment.

In the past, federal regulations and funding limited the agency to serving only a small portion of the cash assistance population with employment service

## *Strategy*

With the new federal law we can now serve more people - in particular, those with one and two year old children. It is imperative that we do so as families are now limited to five years on assistance and must be engaged in work within two years. The agency proposes the following strategy to address the differing needs of a welfare population faced with five-year time limits, the importance of engaging public and private partners in welfare reform, and the data collection mandates of federal law.

- ***Up-front Services and Assessment*** Meet needy families at the door. Invest staff time heavily in up-front assessment that pinpoints what level of support is needed for each family. Use assistance diversion and applicant job search to curb welfare dependency. Each family's needs and employability status is immediately determined and support and employment services are provided accordingly.
- ***Single Case Manager*** Move from the integrated services vision to a single case worker for each family to act as the case assessment specialist and broker of all temporary cash assistance, employment services and child care services to assist the family as it moves toward independence.
- ***Employment Services*** Establish statewide contracts for consistent, outcome-based direct services. These contracts with the private sector or state agencies may include such components as job-specific skill training, job placement, or job development and will require that contractors work with each community in developing customized services and outcomes. Any public or private entity may contract to provide direct employment services if they meet the established standards.
- ***Reduce Employment Barriers*** Aggressively address barriers to getting and keeping employment.

***Learning Disabilities*** Contract for statewide programs that provide identification, training, and job placement for the 30-40% of the caseload with *learning disabilities*. Adult basic education centers and community colleges are potential partners in this effort.

***Substance Abuse*** Maintain our collaboration with the Regional Alcohol and Drug Assessment Centers which provide assessment and treatment opportunities as well as eligibility consequences for failing to follow through with the needed treatment.

***Inability to Retain Employment*** Getting a job is not the biggest obstacle for many individuals but keeping that job may be. Establish a job retention program which incorporates intensive follow-up and monitoring and balances the needs of the individual with the demands of the work place. Private and non-profit entities at the community and statewide level will become partners in this effort.

- ***Child Care*** Provide child care that is available, accessible, and affordable to help families seek and retain employment and stay off assistance. Employed families earning below 185% of poverty (approximately \$24,000 per year for a family of three) are potentially eligible for child care assistance to maintain employment. Flexibility is needed to shift the funds from TANF to child care as the low- income employed caseload continues to increase. Additional federal funds will be available annually to Kansas if state/local match is provided.

Over the past year with the shift in emphasis to "work first", child care needs have shifted from cash assistance families (decreased by 9 percent) to the low-income employed

families increased 26 percent). The new federal work participation requirements will spur an increase in both populations as families are required to work more hours, and the State is required to meet more stringent work participation rates. In addition, families with children age 1 and older will be required to participate in work activities for the first time.

- ***Safety Net for Children*** Retain and enhance our commitment to providing flexible family-specific social services and interventions. The former child welfare funding stream for Emergency Assistance will be maintained as Children's Crisis Services. Maintain our current level of medical assistance coverage for children. The medical assistance funding is separate from the TANF and child care block grants.
- ***Automated Systems*** Invest in automated system development. The single case worker is not possible without integration of existing self-standing systems. Extensive data collection for program monitoring, evaluation, and reporting will require system enhancement. Systems must track aggregate data as well as track an individual family's participation.
- ***Child Support Enforcement (CSE)*** Create stronger CSE tools to maximize paternity establishment and collection of support. Emotional and financial support from an absent parent is a key factor in a family moving from welfare to independence. While child support is recognized as a prime component of the blueprint, its funding is separate from the TANF and child care block grants.
- ***Immigrants*** Take options available under the Act to continue to provide assistance to the approximately 3000 legal immigrants at risk of losing AFDC, General Assistance, and Medicaid as a result of the new federal law. If eligible under existing regulations, also provide Medicaid and General Assistance to the 1848 disabled legal immigrants who are likely to lose SSI eligibility due to the new law. Provide emergency medical services to all other immigrants as required by law.

To prepare a solid footing for Kansas families needing assistance, the Governor's recommendation maintains state effort (SGF) of \$80.2 million combined with the federal Temporary Assistance for Needy Families (TANF) and Child Care Block Grants of \$121.2 and \$128.6 million for FY 1997 and FY 1998, respectively. With this combined state and federal block grant funding, SRS will provide the following to Kansas families in need:

## *Funding Profile*

- ◆ Temporary cash assistance and other innovative forms of short-term financial aid to families.
- ◆ Training, education, and other employment services for unemployed families.
- ◆ Ample, quality child care essential for getting off and staying off assistance.
- ◆ Children's Crisis Services to meet emergencies that threaten children's safety.
- ◆ Critically needed improvements in computer information systems to insure service and accountability.



The KansasWorks Funding Profile reflects the Governor's recommendation for FY 1997 and FY 1998 and the agency's five-year plan for the programs affected by the TANF and Child Care block grants. It is important to note that under the agency's current five-year plan, State General Fund expenditures represent a decline in real dollars over the life of the plan. Also, the out-year estimates contained in the funding profile reflect current program policy and constant caseloads.

The federal block grants can be used at any time for eligible programs and can be carried over to the next fiscal year. The block grant carryover balance is critical due to the many uncertainties, including caseloads that are currently low but can and will fluctuate over time as the economy and demographics change; critical federal regulations and guidelines that have not been issued, for instance, those defining countable expenditures for state maintenance of effort; and, the impact of the federal welfare reform requirements on computer systems.

**Funding Profile**  
*(Dollars in Millions)*

Item	FY 1997	FY 1998	FY 1999	FY 2000	FY2001
<i>Revenue</i>					
State Funds - TANF and Child Care	\$80.2	\$80.2	\$80.2	\$80.2	\$80.2
Federal Funds*	121.2	128.6	129.6	131.5	133
<b>Total</b>	<b>\$201.4</b>	<b>\$208.8</b>	<b>\$209.8</b>	<b>\$211.7</b>	<b>\$213.7</b>
<i>Expenditures</i>					
Temporary Cash Assistance for Families	\$88.1	\$81.7	\$79.7	\$77.3	\$76.1
Employment Services	4.5	7.2	11.0	15.3	16.7
Child Care	27.8	36.7	42.6	48.2	52.5
Program Staff (Assessment and Case Management)	23.2	23.5	24.9	25.5	26.1
Administration	31.6	32.6	33.4	34.3	35.2
Information Systems	6.0	9.0	8.0	5.0	3.0
Children's Crisis Fund	6.8	7.8	8.8	9.8	10.8
<b>Total</b>	<b>\$188.0</b>	<b>\$198.5</b>	<b>\$208.4</b>	<b>\$215.4</b>	<b>\$220.4</b>
<b>Federal Block Grant Balance</b>	<b>\$13.4</b>	<b>\$23.7</b>	<b>\$25.1</b>	<b>\$21.4</b>	<b>\$14.7</b>

\*of this total, the TANF block grant is fixed at 101.9 million for the next six years.

# Child Support Enforcement and Welfare Reform

Several new tools to improve the Child Support Enforcement (Title IV-D) program and benefit children's families are part of the federal welfare reform package. Although the new tools will require major investments in automation for record-keeping and automated processing, they are expected to result in more reliable child support income for families working toward independence from public assistance.

## *Key elements*

- ◆ Creation of state and national databases of new hires;
- ◆ Creation of registries of all support orders (October 1996 for IV-D orders; October 1998 for all others);
- ◆ Expedited administrative processes for locating and seizing assets;
- ◆ Streamlined procedures for paternity establishment, including greater emphasis on voluntary acknowledgements; and
- ◆ Creation of a central unit in each state to receive and disburse all child support collections, both IV-D and non-IV-D (October 1998 or 1999).

Initially, federal Child Support Enforcement (CSE) funding remains unchanged. For new automation mandates, enhanced funding will be available until October 2000 at 80% of Kansas' allocation from the capped appropriation; the actual enhanced funding is expected to be well below 80%. Federal collection incentives, paid in addition to basic CSE funding, will be replaced in October 1999 by performance-based incentives under a formula yet to be created. The formula must be (federally) revenue neutral, so no increase in state incentive revenue is expected.

Kansas recovers assistance expenditures by keeping 40% of support collected in AFDC cases. Net revenues are expected to decrease significantly after October 2000, when states will no longer be permitted to keep pre-assistance arrearage collections to recover assistance costs.

Kansas has already taken steps to encourage families to use CSE services to become independent of public assistance. First, there are the mandated programs for AFDC and Medicaid recipients, in which the State keeps all or part of collection to recover expenditures. When assistance ends, the families continue receiving CSE services to help them remain off of assistance. Second, families receiving child care are now automatically referred for CSE services. Support collections are distributed directly to the family and help increase the household income. Beginning in July 1997, families receiving only food stamps will similarly be required to cooperate with CSE to improve their household income.